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(Re	equestor's Name)	
(Ad	dress)	
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(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 huk swedswood

SUBJECT: Intrepid Worldwide Ve	ntures, Inc.			
(PROPOSED CORPORA	ATE NAME – <u>MUST INCLUDE SUFFIX</u>)			
Enclosed are an original and one (1) copy of the art	icles of incorporation and a check for:			
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED			
	<u></u>			
	n J. Staton e (Printed or typed)			
	, ,			
2495 R	2495 Raywood Ave. Address			
North Po	ort, FL 34286 , State & Zip			
941- Daytime	-429-2028 Telephone number			
research32 E-mail address: (to be use	21@comcast.net ed for future annual report notification)			

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	PRINCIPAL OFFICE		
ARTICLE II	PRINCIPAL OFFICE Principal street address	Mailing ad	ldress, if different is:
2	2495 Raywood Ave.		
	North Port, FL 34286		
ARTICLE III	Phich the corporation is organized is:		
	of the corporation is to conduct	any lawful purpose or nurr	noses
The purpose	of the corporation to to contain	any lama parpete at parp	
ARTICLE IV	SHARES		
	res of stock is: 100		
	INITIAL OFFICERS AND/OR DIRE		
Name and I	itle: Edith J. Staton, President		
Address:	2495 Raywood Ave. North Port. FL 34286		
	NOTH POIL PL 34700		
Name and T	itle:		-
Address:		Address:	
Name and T	itle:	Name and Title:	
Address:	nie		
rtudioss.			
	REGISTERED AGENT	able v a Caba and taken at a constitution	Po:
Name:	rida street address (P.O. Box NOT accept Corporation Service Compar		
Address:	1201 Hays Street		
riduress.	Tallahassee, FL 32301		De la company
ARTICLE VII	<u>INCORPORATOR</u>		
The <u>name and ado</u>	<u>lress</u> of the Incorporator is:		
Name:	Edith J. Staton		54 7 77
Address:	2495 Raywood Ave		ZA UN TOTAL
	North Port, FL 34286		0m
Vanfua haan ji am	ed as registered agent to accept service of	magger for the above stated come	watian at the place designated
hie oortificate I a	ed as registered agent to accept service of m familiar with and accept the appointmen	process for the above stated corpo t as registered agent and agree to a	ration at the place designated
nts designate, I al	Mosistant National and acceptant appointment	i as regisiereu ageni ana agree io ai P	ci in inis expacity
The rai	mont wyones Assistant	<i>''</i> 0 <i>\</i> 0	2-19111
	MANINA DA		2/11/1
1)	Required Signature/Registered Age	ent	\ Date
submit this docu	ment and affirm that the facts stated he	ein are true. I am aware that the	false information submitted in
ocument to the D	epartment of State constitutes a third degree	estelony as provided for in \$817.15	5. F.S.
		January and provinces you in Sidi 7.13	wy a 41.54
	Add Solden.	-	25 May 201